S. No. 2
—1/47
5-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1217

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 437

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wheatley-Provident Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Wyandotte 999
(c) City or town Kansas City 14
(If outside city or town limits, write "RURAL")
(d) Street No. 332 State 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Catherine Manning
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Fe. 3
5. Color or race Col.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Robert Manning
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased Oct. (Month) 10th (Day) 1905 (Year)

8. AGE:

Years	Months	Days	If less than one day
42	3	18	hr. min.

9. Birthplace Oklahoma (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At Home
FATHER
12. Name Elliott Stewart
13. Birthplace unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Mary Hatter
15. Birthplace La. (City, town, or county) (State or foreign country) 1
16. (a) Informant Robert Manning
(b) Address 332 State St.,
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-2-48 (Month) (Day) (Year)
(c) Place: burial or cremation Westlawn Cem. K.C.K.
18. (a) Signature of funeral director Nathan W. Thatcher
(b) Address 1520 N.5th St. K.C.K.
19. (a) 1-31-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28th year 1948 hour 2: minute 35 P. M.
21. I hereby certify that I attended the deceased from Jan 25 1948 to Jan 28 1948 that I last saw h alive on Jan 28 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy — Duration 4 days
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) Unknown
Major findings:
Of operations 0
Of autopsy 0 830

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature D. M. Miller (M. D. ~~or other~~)
Address 1816 Vine - Kc. Mo. Date signed 1-30-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by..... Registered Apprentice No.....,

working under my personal supervision.

Signed Nathan H Thatcher

Licensed Embalmer No. 2708

P. O. Address K. C. K.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.